

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-------------------------|
| | Application Number |
| Filing Date | |
| First Named Inventor | MARION CALMER |
| Title | PENETRATING STALK ROLLS |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | USPA 0018 |

I hereby appoint:



Practitioners at Customer Number:



33512

OR



Practitioner(s) named below:

PATENT TRADEMARK OFFICE

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

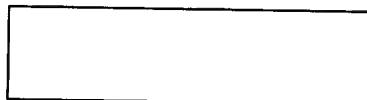


The above-mentioned Customer Number:

OR



The address associated with Customer Number:



OR

| | | | | |
|--------------------------|-------------------------|-------|-----|--|
| <input type="checkbox"/> | Firm or Individual Name | | | |
| Address | | | | |
| Address | | | | |
| City | | State | Zip | |
| Country | | | | |
| Telephone | | Fax | | |

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---------------|-----------|--------------|
| Name | Marion Calmer | | |
| Signature | | | |
| Date | 2/18/07 | Telephone | 309-334-2609 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



1

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | |
|--------------------------|---------------|
| Attorney Docket Number | USPA0018 |
| First Named Inventor | Marion Calmer |
| COMPLETE IF KNOWN | |
| Application Number | |
| Filing Date | |
| Art Unit | |
| Examiner Name | |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Penetrating Stalk Rolls

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------|----------------------------------|--|--|--|
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Jay R. Hamilton - Registered US Patent Attorney

Name

Address PO BOx 1658

| | | |
|--------------------|---------------------------|---------------------|
| Bettendorf City | IA State | 52722-0028 ZIP |
| USA Country | 563-441-0207 Telephone | 563-441-0175 Fax |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

| | | | |
|--|----------------------------------|----------------|--------------------------------------|
| Given Name Marion (first and middle [if any]) | Family Name Calmer or Surname | | |
| Inventor's Signature  | Date 07/18/2003 | | |
| 550 N. Knox Road Residence: City | IL State | USA Country | United States Citizen Citizenship |

Mailing Address

| | | | |
|---------------|-------------|--------------|----------------|
| Alpha City | IL State | 61413 ZIP | USA Country |
|---------------|-------------|--------------|----------------|

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

| | |
|---|---------------------------|
| Given Name (first and middle [if any]) | Family Name or Surname |
|---|---------------------------|

| | |
|----------------------|------|
| Inventor's Signature | Date |
|----------------------|------|

| | | | |
|-----------------|-------|---------|-------------|
| Residence: City | State | Country | Citizenship |
|-----------------|-------|---------|-------------|

Mailing Address

| | | | |
|------|------|-----|---------|
| City | Stat | ZIP | Country |
|------|------|-----|---------|

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.